REQUEST FOR ORGAN DONOR SPECIAL LICENSE PLATE

Please read the instructions on the back of this form and complete the information requested below. Present the form to any of the Revenue Office locations as instructed below when making application for the special license plate.

	Name of Vo	ehicle Owner	
	Ade	dress	
	G': 0	7'	
	City, S	tate, Zip	
Vehicle Year	Vehicle Make	Vehicle Model	License Number
Apply in person only a	t the following Revenue	Office locations:	,
•		West Memphis, Harrison Van Buren, and El Dorado	•
Apply by mail or in pe	erson at the following ad	dresses:	
By Mail		In Person	
Department of Finance and Administration P.O. Box 1272 Special License Unit, Room 1040 Little Rock, AR 72203		Charles Ragland Taxpayer Services Center Special License Unit, Room 1040 1900 West 7 th Street Little Rock, Arkansas 72201	
Signature			Date